

INITIAL MENTAL HEALTH ASSESSMENT

- WHEN:** Within one month after the first planned service with updates as clinically appropriate. When updating, initial and date the changes then sign the bottom of the form. Insert Progress Note with any additional information in assessment section of medical record. If applicable, refer to Initial Screening for initial contact information. *
- ON WHOM:** All individuals receiving services beyond one month.
- COMPLETED BY:** Staff delivering services within scope of practice. Must be signed by Physician, licensed/waivered Psychologist, licensed/registered/waivered social worker, licensed/registered/waivered Marriage Family Therapist, or a Registered Nurse.
- MODE OF COMPLETION:** Legibly handwritten, typed, or word processed on form HHSA:MHS-912.
- REQUIRED ELEMENTS:** Description of presenting problem and psychiatric symptoms, psychiatric history, medical history, mental status exam, most current five axes diagnosis or a documented plan to obtain one.
- BILLING:** Write a progress note stating date started, completed, or reviewed. Note in the column the procedure code and the total number of minutes. To calculate total numbers of minutes include preparation time, interview time, and documentation time. Also note in the column the number of minutes spent solely as face-to-face time (direct time).
For Example: Total: 120 Minutes
Direct: 60 Minutes. Refer to billing record for appropriate procedure code.
- EXCEPTIONS:** This form must be completed on every new adult client admitted. If there is a recent existing assessment done within San Diego County Adult Mental Health system of care that was created within the last 90 days that, in your clinical opinion, is appropriate to use, you may review and update it with the client, and document this information on the Expedited Assessment (HHSA:MHS-991).
- NOTE:** A "Progress Note" may be attached to complete the narrative sections, if additional space is required.

- Initial Screening beginning domains